



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

647.7816  
Job Sheet 181406



Part No: 647.7816

Job Qty: 50 ea

Part Name: Aft Bracket



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 7/26/18

Job Tracking No:

Due Date: 9/10/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV A IPP REV A RQ VERIFIED BY DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                        |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 90    | Start up Operation     | 50 Ea  | 9/10/18    | 9/10/18  | 0.00      | 0.00    | Start Up Machining-1  |           | SB2 18/09/25 |
| 100   | Bandsaw                | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.06    | Bandsaw1              |           | SB2 18/09/25 |
| 110   | CNC Vertical Machining | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 23.92   | HAAS1-1               |           | SB2 18/09/25 |
| 120   | QC                     | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC2 Machining-1       |           | SB2 18/09/25 |
| 130   | QC                     | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC8 Machining-1       |           | SB2 18/09/25 |
| 140   | Outsource              | 50 pcs | 9/10/18    | 9/10/18  |           |         | ATG001-VC             | 5         | SEP 26 2018  |
| 150   | Packaging              | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | Packaging2            |           | OCT 18 2018  |
| 160   | QC                     | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC5                   |           | OCT 18 2018  |
| 180   | Packaging              | 50 pcs | 9/10/18    | 9/10/18  | 0.00      | 0.00    | Packaging3-1          |           | OCT 19 2018  |
| 190   | QC21-SA                | 50 Ea  | 9/10/18    | 9/10/18  | 0.00      | 0.00    | QC21                  |           | 9-89         |

Part Op 100 - Cut Blanks at 4.25"

Descriptions: 110 - 1-Machine per folio F312

140 - Issue P/O to ATG : 12041153 Hard Black Anodize and Prime as per Dwg 647.7800 Rev. A

180 - \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

### Job BOM

| Part / Item         | Component Name            | Quantity             | Operation             | Container |
|---------------------|---------------------------|----------------------|-----------------------|-----------|
| M7075T6B1.500X1.500 | 7075 T6 Bar 1.500 X 1.500 | 17.7000 ft (.354 ea) | 90-Start up Operation | 5113470   |

5102373 x 214.5 po.

### Job Allocations

| Operation             | Component Part      | Required | Inventory | Allocated |
|-----------------------|---------------------|----------|-----------|-----------|
| 90-Start up Operation | M7075T6B1.500X1.500 | 18       | 0         | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance      | Limits         | Type  | Special Comments |
|---------|-------------|-----------------------|----------------|-------|------------------|
| 1       | Aft Bracket | 1.150Inches ± 0.005   | 1.155<br>1.145 |       |                  |
| 2       | Aft Bracket | 0.170Inches ± 0.005   | 0.175<br>0.165 |       |                  |
| 3       | Aft Bracket | 0.170Inches ± 0.005   | 0.175<br>0.165 |       |                  |
| 4       | Aft Bracket | 34.400Degrees ± 0.500 | 34.900         | Angle |                  |



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/> | Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                         | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                                                                                                                                                                    |              |                          | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                          |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Water Jet <input type="checkbox"/>                                                          | Engineering <input type="checkbox"/>                                                                                                                                                                                   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Coord. <input type="checkbox"/>                                                  | Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Finishing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                | Other <input type="checkbox"/>                                                                                                                                                                                         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| Composite <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Supplier <input type="checkbox"/>                                                           |                                                                                                                                                                                                                        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| NCR No. _____<br>Date: _____<br>Step # _____<br>Description Work Order Deviation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                             | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>DART AEROSPACE</b><br/>           Part: 647.7816<br/>           Job No: 181406<br/>           Serial No/Batch: S113471<br/>           Container No: S113471<br/>           Date: 09/25/18         </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | MRB (QSI042) Approval _____<br><br>Disposition _____<br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |              |                          |                                     |                                    |                                      |                                    |                                            |                                  |                                    |                                              |                                |                                    |                                   |                          |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>ILT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                        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| <table style="width:100%; border: none;"> <tr><td>Doc/Data</td><td><input type="checkbox"/></td></tr> <tr><td>Equip/Tooling</td><td><input type="checkbox"/></td></tr> <tr><td>Handling/Pre</td><td><input type="checkbox"/></td></tr> <tr><td>Material</td><td><input type="checkbox"/></td></tr> <tr><td>Internal Transport</td><td><input type="checkbox"/></td></tr> <tr><td>Tribal Knowledge</td><td><input type="checkbox"/></td></tr> <tr><td>LOA</td><td><input type="checkbox"/></td></tr> <tr><td>Substation</td><td><input type="checkbox"/></td></tr> <tr><td>Past Expiry Date</td><td><input type="checkbox"/></td></tr> <tr><td>Misidentified</td><td><input type="checkbox"/></td></tr> </table> | Doc/Data                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                         | Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                           | Handling/Pre | <input type="checkbox"/> | Material                            | <input type="checkbox"/>           | Internal Transport                   | <input type="checkbox"/>           | Tribal Knowledge                           | <input type="checkbox"/>         | LOA                                | <input type="checkbox"/>                     | Substation                     | <input type="checkbox"/>           | Past Expiry Date                  | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | <table style="width:100%; border: none;"> <tr><td>Offset/Setup</td><td><input type="checkbox"/></td></tr> <tr><td>Supplier</td><td><input type="checkbox"/></td></tr> <tr><td>Training</td><td><input type="checkbox"/></td></tr> <tr><td>Use for Testing</td><td><input type="checkbox"/></td></tr> <tr><td>Poor Information</td><td><input type="checkbox"/></td></tr> <tr><td>Rushing</td><td><input type="checkbox"/></td></tr> <tr><td>Product Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Process Improvement</td><td><input type="checkbox"/></td></tr> <tr><td>Manufacturing Process</td><td><input type="checkbox"/></td></tr> <tr><td>Past Due</td><td><input type="checkbox"/></td></tr> </table> | Offset/Setup | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Training | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Past Due | <input type="checkbox"/> | <table style="width:100%; border: none;"> <tr><td>Centre Not Concentric</td><td><input type="checkbox"/></td></tr> <tr><td>Cracks</td><td><input type="checkbox"/></td></tr> <tr><td>Crimp/Kink/Ripple/Wave</td><td><input type="checkbox"/></td></tr> <tr><td>Cuffs</td><td><input type="checkbox"/></td></tr> <tr><td>Crushing</td><td><input type="checkbox"/></td></tr> <tr><td>Heat Treat</td><td><input type="checkbox"/></td></tr> <tr><td>Wave/Twist in Tube</td><td><input type="checkbox"/></td></tr> <tr><td>Marks/Chatter</td><td><input type="checkbox"/></td></tr> </table> | Centre Not Concentric | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | <table style="width:100%; border: none;"> <tr><td>BOM/Route</td><td><input type="checkbox"/></td></tr> <tr><td>Broken/Damage/Defect</td><td><input type="checkbox"/></td></tr> <tr><td>Inspection Incomplete/Unqualified</td><td><input type="checkbox"/></td></tr> <tr><td>Contamination</td><td><input type="checkbox"/></td></tr> <tr><td>Countersink</td><td><input type="checkbox"/></td></tr> <tr><td>Cut Too Short</td><td><input type="checkbox"/></td></tr> <tr><td>Instructions Incomplete/Unclear</td><td><input type="checkbox"/></td></tr> <tr><td>Drill Holes</td><td><input type="checkbox"/></td></tr> </table> | BOM/Route | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | <table style="width:100%; border: none;"> <tr><td>Power Loss/Surge</td><td><input type="checkbox"/></td></tr> <tr><td>Folio/Program</td><td><input type="checkbox"/></td></tr> <tr><td>Grain</td><td><input type="checkbox"/></td></tr> <tr><td>Weld</td><td><input type="checkbox"/></td></tr> <tr><td>Wrong Stock Pulled</td><td><input type="checkbox"/></td></tr> <tr><td>Out of Sequence</td><td><input type="checkbox"/></td></tr> <tr><td>Off-set</td><td><input type="checkbox"/></td></tr> <tr><td>Mislabeled</td><td><input type="checkbox"/></td></tr> <tr><td>Fit/Function</td><td><input type="checkbox"/></td></tr> <tr><td>Misaligned/off center</td><td><input type="checkbox"/></td></tr> </table> | Power Loss/Surge | <input type="checkbox"/> | Folio/Program | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | <table style="width:100%; 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| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| BOM/Route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Broken/Damage/Defect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Inspection Incomplete/Unqualified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Countersink                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Cut Too Short                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Instructions Incomplete/Unclear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Drill Holes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                        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| Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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                                                                                                                                                                                                          |              |                          |          |                          |          |                          |                 |                          |                  |                          |         |                          |                     |                          |                     |                          |                       |                          |          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                          |        |                          |                        |                          |       |                          |          |                          |            |                          |                    |                          |               |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Positioned Wrong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Over/Under tolerance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Part Incorrect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Part Lost/Missing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Part Moved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Drawing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Finish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Misread                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| Turning Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                    |                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                    |              |                    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| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                        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|    |             |                       |                  |        |
|----|-------------|-----------------------|------------------|--------|
|    |             |                       | 33.900           |        |
| 5  | Aft Bracket | 0.320Inches ± 0.005   | 0.325<br>0.315   | Radius |
| 6  | Aft Bracket | 0.830Inches ± 0.005   | 0.835<br>0.825   |        |
| 7  | Aft Bracket | 45.400Degrees ± 0.500 | 45.900<br>44.900 | Angle  |
| 8  | Aft Bracket | 0.272Inches ± 0.005   | 0.277<br>0.267   | Radius |
| 9  | Aft Bracket | 0.753Inches ± 0.005   | 0.758<br>0.748   |        |
| 10 | Aft Bracket | 4.048Inches ± 0.005   | 4.053<br>4.043   |        |
| 11 | Aft Bracket | 2.400Degrees ± 0.500  | 2.900<br>1.900   | Angle  |
| 12 | Aft Bracket | 0.247Inches ± 0.005   | 0.252<br>0.242   | Radius |
| 13 | Aft Bracket | 0.527Inches ± 0.002   | 0.529<br>0.525   |        |
| 14 | Aft Bracket | 1.276Inches ± 0.002   | 1.278<br>1.274   |        |
| 15 | Aft Bracket | 2.404Inches ± 0.002   | 2.406<br>2.402   |        |
| 16 | Aft Bracket | 3.576Inches ± 0.002   | 3.578<br>3.574   |        |
| 17 | Aft Bracket | 0.666Inches ± 0.002   | 0.668<br>0.664   |        |
| 18 | Aft Bracket | 0.631Inches ± 0.002   | 0.633<br>0.629   |        |
| 19 | Aft Bracket | 0.578Inches ± 0.002   | 0.580<br>0.576   |        |
| 20 | Aft Bracket | 0.573Inches ± 0.002   | 0.575<br>0.571   |        |

Plex 7/26/18 8:18 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                            |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041157**

**Supplier:** ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

**Attention:** Lalande, Marc-Andre

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO041157  
**PO Date:** 9/26/18  
**Due Date:** 10/19/18  
**Purchase Order Revision:**  
**Revision Date:**  
**Ship-To Contact:** Tsimiklis, Chrisoula  
**Phone:**  
**Via:** Ground  
**Pynt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

## **Items**

| Line Item           | Job    | Part     | Description                                                                                              | Status | Account | Due Date                | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price  |
|---------------------|--------|----------|----------------------------------------------------------------------------------------------------------|--------|---------|-------------------------|----------------|-------------------|---------|------------------|-----------------|
| 1                   | 181406 | 647.7816 | Aft Bracket<br>Issue P/O to ATG :<br><br>Hard Black Anodize and Prime as per Dwg 647.7800 Rev. A         | Firmed | -       | 10/19/18<br>OCT 18 2018 | 50 pcs         | 0 pcs             | 50 pcs  | \$10.45/pcs      | \$522.50        |
| 2                   | 181404 | 647.7815 | Fwd Bracket<br>Issue P/O to ATG :<br><br>Hard Anodize, Color Black and Prime as Per Dwg. 647.7800 Rev. A | Firmed | -       | 10/19/18<br>OCT 10 2018 | 50 pcs         | 0 pcs             | 50 pcs  | \$8.35/pcs       | \$417.50        |
| <b>Grand Total:</b> |        |          |                                                                                                          |        |         |                         |                |                   |         |                  | <b>\$940.00</b> |

## **Order Notes**

Procurement Quality Clauses  
A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retension of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 10/3/18 8:59 AM dart.tsimiklis.chrisoula





A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 916252

Date: 17-Oct-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chrisoula Tsimiklis  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                               | Ship Via     |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                               | ATG Delivery |                           |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Description                                                                                                                                                                                                                                   |              |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                               |              |                           |
| ✓ 50<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part: 647.7816 ✓<br>Aft Bracket<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 23832 | Rev: A       | PO: PO041157 ✓<br>Line: 1 |
| <p>CERTIFICATE OF CONFORMANCE</p> <p>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.</p> <p>Date: <u>17/10/18</u></p> <p>Certified Signature: <u>[Signature]</u></p> <p>Receiver Signature: _____</p> <p>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.</p> <p>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.</p> |                                                                                                                                                                                                                                               |              |                           |

Made in Canada.